



City of Flagstaff
Housing Section
928-213-2750



211 W. Aspen
Flagstaff, AZ 86001
dowood@flagstaffaz.gov

CITY OF FLAGSTAFF Community Land Trust Program/Rio Homes

Thank you for your interest in pursuing home ownership through the City of Flagstaff Community Land Trust Program. We are excited to be a part of growing our community and helping our citizens through responsible private ownership of their own home. Please take the time to review instructions and complete the application and supporting documents in full. Incomplete applications and missing supporting documentation will disqualify applicants. Please see the *Application Completeness Checklist* for a complete list of required documents. As always, should you have questions, please contact us.

This is an eligibility application. It does not guarantee the purchase of a unit. Should you be determined eligible, you will be provided the option to purchase. There is not a durational residency requirement. Only ONE application per household can be submitted. Duplicate applications will disqualify you. The application package must be submitted in person or by mail. Faxes/electronic copies will not be accepted. If you require special hearing, visual, mobility or other accommodations, please contact 928-213-2750 to make arrangements.

City of Flagstaff
Housing Section/Community Land Trust Program
211 West Aspen Avenue
Flagstaff, AZ 86001

928-213-2750
City of Flagstaff TDD 928-774-5281
Arizona Relay 7-1-1
dowood@flagstaffaz.gov

The homes available through this application are part of the City of Flagstaff Community Land Trust Program and are restricted to limit the amount of appreciation available to the owner and all future owners upon transfer, mortgage, refinance or other transactions dealing with the property. This is intended to maintain permanent affordability as a long-term benefit to the community. Homes will be sold to households earning less than 80-125% (depending on the unit purchased) of the Area Median Income (AMI). Tenure is secured with a 99-year ground lease, which will result in at least a \$30 per month lease payment from the homeowner.

You will go through two rounds of screening. The first round will determine if your household meets basic eligibility criteria to purchase the unit. For that screening the City of Flagstaff will assess the following: (1) household size, (2) household income, (3) household income as a percentage of area median income, (4) the permanent legal citizenship status of all household residents. The second round of screening will evaluate your ability to purchase the unit, through a combination of buyer contribution, mortgage and available financial assistance. For this determination, the mortgage must meet the Community Land Trust Program guidelines for affordability.

Finally, in order to purchase a Community Land Trust Program unit, adult members of the household must complete homebuyer education through an approved-provider class prior to signing a purchase contract. Northern Arizona Housing Solutions, Inc. offers this service and can be reached at 928-214-7456, or <http://www.housingnaz.org/>.

CITY OF FLAGSTAFF
Community Land Trust Program
Eligibility Application

Date Received _____
Time _____
Applicant _____
Staff _____

HOUSEHOLD INFORMATION (PLEASE PRINT)

Applicant Name

Co-Applicant Name

Current Address

City State / Zip code

Home Phone _____ E-mail _____

Work Phone _____ Cell _____

Please circle the best way to contact you.

Marital Status Single Married Divorced Separated Widowed

Are applicants over 18? Yes No

Are applicants US citizens or lawfully admitted permanent residents? Yes No

List dependents that applicant or co-applicant has legal custody of (use additional sheet if needed)

Name: Age: M / F: Relationship:

1. _____

2. _____

3. _____

4. _____

What do you currently pay in rent? _____

Have you owned a home in the last 3 years? Y / N

If so, when and where? _____ Date sold: _____

List all assets including real estate or land, stocks, bonds, IRA, employee plans:

Checking \$ _____ Savings \$ _____ Other Cash \$ _____

IRA \$ _____ Property/Land \$ _____ Type _____

401K \$ _____ Retirement Pension \$ _____ Stocks/Bonds \$ _____

Trust Fund \$ _____ Monetary Gifts \$ _____ Other Sources \$ _____

EMPLOYMENT INFORMATION

APPLICANT

Current Employer	Job Title	Phone
Address	Hours per week	Start Date
Gross monthly income: \$_____	How are you paid?	Weekly Bi-weekly Monthly
Secondary Employer	Job Title	Phone
Address	Hours per week	Start Date
Gross monthly income: \$_____	How are you paid?	Weekly Bi-weekly Monthly
Previous Employer _____	Job Title _____	Length of time _____

CO-APPLICANT

Current Employer	Job Title	Phone
Address	Hours per week	Start Date
Gross monthly income: \$_____	How are you paid?	Weekly Bi-weekly Monthly
Secondary Employer	Job Title	Phone
Address	Hours per week	Start Date
Gross monthly income: \$_____	How are you paid?	Weekly Bi-weekly Monthly
Previous Employer _____	Job Title _____	Length of time _____

List all sources of income for residents 18 years and older. Attach separate sheet if needed.

Alimony/Child Support \$ _____ Applicant: _____ Co-Applicant: _____
Disability \$ _____ Applicant: _____ Co-Applicant: _____
Unemployment \$ _____ Applicant: _____ Co-Applicant: _____
Other \$ _____ Applicant: _____ Co-Applicant: _____
(Please identify)

DEBT INFORMATION

Include money owed to any entity for past housing, student loans, back taxes, credit cards, car payments, medical bills, alimony/child support, etc.. Attach separate sheet if needed.

<i>Company:</i>	<i>Monthly Amount:</i>	<i>Balance:</i>
1. _____	/	/
2. _____	/	/
3. _____	/	/
4. _____	/	/

REALTOR AND MORTGAGE INFORMATION

Please provide a loan status report or equivalent form from a lender of your choice, stating that you qualify for a home mortgage. If you have contacted or are working with a realtor, please furnish that information:

Lender Name _____	Realtor Name _____
Lender Company _____	Real Estate Company _____
Phone _____	Phone _____

If YES to any of the following questions, attach a separate letter of explanation for each one.

- Are there any outstanding judgments, liens or taxes against you? Y N
 - Are there any unpaid debts from any other residence you have owed? Y N
 - Have you had property foreclosed upon in the last 3 years? Y N
 - Are you party to a lawsuit? Y N
 - Are you a co-signer/endorser of a loan or note? Y N
 - Do you currently have accounts in collection? Y N
 - Do you currently have past due accounts? (including rent, utilities, telephone) Y N
 - Do you have any outstanding medical bills? Y N
 - Are you obligated to pay alimony, child support, or separate maintenance? Y N
- Monthly Amount\$ _____
- Have you ever declared bankruptcy? Y / N Type _____
Date filed _____ Date Discharged _____

CITY OF FLAGSTAFF
Community Land Trust Program
Declaration of Income

Print Full Name _____

City of Flagstaff funding sources require you to report all income and assets, (including property), currently being received, or that you know you will be receiving within the next 12 months, by all persons, related or unrelated, who are living in, or temporarily absent from, your household. (Exception: If you are currently living at home with parents, their income information does not need to be included.)

Do you or other household members have, or anticipate having, any of the following:

- | YES | NO | |
|-------|-------|--|
| _____ | _____ | Employment: _____ Full Time _____ Part Time (this includes temporary service) |
| _____ | _____ | Self-employed, includes odd jobs and babysitting |
| _____ | _____ | Unemployment benefits |
| _____ | _____ | Disability compensation (Workman's Comp, State, etc.) |
| _____ | _____ | T.A.N.F. (Temporary Assistance for Needy Families) |
| _____ | _____ | Food Stamps |
| _____ | _____ | D.E.S. Child Support Payments (pass-thru) |
| _____ | _____ | Child Support, Alimony, Spousal Maintenance |
| _____ | _____ | Foster Child Support or Adoption Support Payments |
| _____ | _____ | General Assistance (G.A.) |
| _____ | _____ | Social Security (SSI or SSDI) |
| _____ | _____ | Veteran Benefits, Disability or Pensions |
| _____ | _____ | Pensions, Retirement Benefits or Annuities |
| _____ | _____ | Checking Accounts (bank, credit union or other financial institutions) |
| _____ | _____ | Savings Accounts (bank, credit union or other financial institutions) |
| _____ | _____ | Other Assets: 401K, IRA, mutual funds, stocks, bonds, certificates of deposit, notes, etc. |
| _____ | _____ | Military Pay and/or Allowances |
| _____ | _____ | Insurance Settlements or Death Benefits |
| _____ | _____ | College Grants, Scholarships, Stipends or Work Study |
| _____ | _____ | Government Funded Programs (WIN, CETA, VISTA, etc.) |
| _____ | _____ | Real Estate or Income from Property and/or Business |
| _____ | _____ | Monetary gifts from any source (trust fund, annual or sustained gifting, etc). |
| _____ | _____ | Have you disposed of (sold) any assets in the last two years? |
| _____ | _____ | Do you have any other income or assets not listed above? If yes, explain below: |

Identify below any special modifications required for the accommodation of physical challenges.

The following questions are for informational purposes only.

How long have you lived in Flagstaff?	_____	years
Have you attended a City of Flagstaff-approved homebuyer education class?	Y	N
If yes, offered by whom and date of completion.	_____	
Have you applied for homebuyer assistance with a HUD accredited program?	Y	N
Who and Where?	_____	
Have you been approved for homebuyer assistance?	Y	N
If I do not qualify for this program, please keep me on your mailing list.	Y	N
Notify me of other affordable homeownership opportunities in Flagstaff.	Y	N

AUTHORIZATIONS

Under penalty of perjury, I hereby certify that all the statements I have made on this application are true to the best of my knowledge. I understand that any false statements are unlawful and can be cause for disqualification. I understand all information will be held in confidence by the City of Flagstaff and its representatives and that a credit report may be requested to verify the information provided. I further certify that no member of my family has a financial interest in the Community Land Trust Program.

I authorize the City of Flagstaff and its representatives to:

- obtain verification of all information from any source named in this application
- check my credit and employment history and to inquire about me
- examine my personal documents and to inquire into my financial affairs in order to determine my qualification for assistance under any of the housing programs provided by City of Flagstaff and to determine my financial ability to purchase a Community Land Trust Program unit.

Applicant

Date

Co-Applicant

Date

CITY OF FLAGSTAFF
Community Land Trust Program
Application Rider Summary/Restrictions

This summary is for informational purposes only; it is not a substitute for independent legal advice. This document is intended to highlight some of the obligations a purchaser will have as set forth in the Community Land Trust Ground Lease. Certain restrictions may apply to individual units.

- 1. Income and Assets:** In order to purchase a home through the Community Land Trust Program, buyers must not exceed the maximum allowable income for households at 80-125% (depending on the unit purchased) of the Area Median Income (AMI) for the Flagstaff area, as determined by HUD. Applicants must meet income restrictions at time of closing. If income exceeds HUD allowable maximum at time of closing, the applicant will be disqualified and the unit will be offered to the next eligible applicant.
- 2. Use Restriction:** A Community Land Trust Program unit must be owner-occupied. Renting, subletting or using the unit as a secondary or commercial dwelling is not allowed except as outlined in the ground lease agreement.
- 3. Right of First Refusal:** If the owner of a Community Land Trust Program unit plans to sell the unit, he/she must give written notification to the City of Flagstaff prior to the sale of the unit. The City of Flagstaff has right of first refusal and will actively seek to match an eligible buyer to the unit for sale.
- 4. Maximum Resale Price:** A Community Land Trust Program unit must be sold to another eligible buyer at the price determined by the resale formula outlined in the ground lease agreement.
- 5. Ground Lease Agreement:** I understand that if I am selected to purchase a Community Land Trust Program unit, I must continue to comply with conditions set forth in the ground lease agreement, which I will sign at the time of purchase. I understand that I will be purchasing the improvements (structure) and leasing the land through a 99-year renewable land lease. I understand that I will be obligated to pay a monthly lease fee of at least \$30 upon the purchase of my home and that this lease fee may be adjusted throughout my ownership period as outlined in the ground lease document. .
- 6. Additional Requirements:** The above list is meant as a summary only. If you are offered a Community Land Trust Program unit, the ground lease and other restrictions will be given to you for review prior to signing the purchase and sales agreement. You may want to have an attorney review these documents with you. The ground lease is available on the City of Flagstaff website at www.flagstaff.az.gov/housing and upon request.

I have read and understand the provisions above.

Applicant _____ Date _____

Co-Applicant _____ Date _____

CITY OF FLAGSTAFF
Community Land Trust Program
Credit Report Authorization & Privacy Disclosure

I authorize City of Flagstaff, Inc. to obtain and review a consumer credit report through a credit-reporting agency chosen by City of Flagstaff. I understand and agree that City of Flagstaff intends to use the consumer credit report for the purpose of evaluating my financial readiness to purchase a home. I will allow City of Flagstaff partners to share my credit report among homeownership partners to further the goal of obtaining a home through City of Flagstaff and the Community Land Trust Program.

In addition, in connection with determining my ability to obtain a loan, I authorize City of Flagstaff to share with potential mortgage lenders my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible.

My signature below authorizes the release of financial information to the credit reporting agency or any mortgage lender, which I have supplied to City of Flagstaff in connection with its provision of homebuyer counseling.

Authorization is further granted to the credit reporting agency to use a photocopy reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

I understand that I may revoke my consent to these disclosures by notifying City of Flagstaff in writing.

Applicant

Applicant Name (print)

Applicant Signature Date

Social Security Number

Date of Birth Age

Current Address
How Long? _____

Previous Address (if less than 2 yrs at current)
How Long? _____

Co-Applicant

Applicant Name (print)

Applicant Signature Date

Social Security Number

Date of Birth Age

City/State/Zip

City/State/Zip

REQUEST FOR VERIFICATION OF EMPLOYMENT

This section to be completed by management and signed by tenant

DATE: _____

RE: _____
(**print** employee/tenant name)

SS#: _____

I hereby authorize the release of my employment information.

DATE:

The person listed above is an applicant/tenant of a housing program that requires verification of income. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your timely response is essential and greatly appreciated.

Sincerely,

Project Management Agent

THE FOLLOWING TO BE COMPLETED BY EMPLOYER:

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date Hired _____
No _____ Date Terminated _____

Average total hours
worked weekly _____

Frequency: _____ Annual _____ Hourly
 _____ Monthly _____ Other (Specify)
 _____ Weekly

Overtime Rate: \$_____

Circle one below

Overtime?	Yes	No	# Hours	per	week	month	quarter	year	
Commissions?	Yes	No	Average	\$	per	week	month	quarter	year
Tips?	Yes	No	Average	\$	per	week	month	quarter	year
Bonuses?	Yes	No	Average	\$	per	week	month	quarter	year

***Do you anticipate an increase in the base pay over the next 12 months?
If so, please indicate the amount and approximate date of anticipated increase:
\$ _____ per _____ beginning on _____.

Remarks: (If employee was/will be off work for any length of time, please indicate time period and reason)

Employer's Signature

Print Employer's Name & Title

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements for misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

CITY OF FLAGSTAFF
Community Land Trust Program
Application Completeness Checklist

For your convenience, please utilize the checklist below to ensure your application package is complete. This will expedite determining your eligibility for the purchase a Community Land Trust Program unit.

Checklist for _____
Client(s) Name

Application Documents To Complete:

- _____ Completed and Signed Eligibility Application
- _____ Completed and Signed Application Rider Summary
- _____ Completed and Signed Declaration of Income Form
- _____ Completed and Signed Credit Report Authorization & Privacy Disclosure Form

Supporting Documents To Provide:

- _____ Social Security Card for all members of the household (adults & children)
- _____ Photo ID for all adults in the household
- _____ Tax return for past two years
- _____ W-2 for all wage earners for past two years
- _____ Pay stub for the past two months for all wage earners 18 yrs and older
- _____ Three months of bank statements for all accounts (including retirement accounts)
- _____ Documentation for all sources of income, including child support, alimony, social security
- _____ Signed Verification of Employment for all employers for all residents 18 yrs and older
- _____ Loan Status Report from an approved lender partner, verifying mortgage eligibility

PLEASE DO NOT SUBMIT THIS APPLICATION UNLESS ALL ITEMS FROM THE CHECKLIST HAVE BEEN COMPLETED AND INCLUDED. IT WILL BE RETURNED TO YOU, WHICH WILL DELAY THE ELEGIBILITY PROCESS.